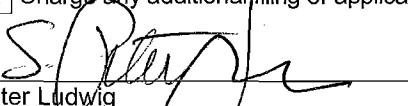


|  |                                |                             |                  |                                 |
|--|--------------------------------|-----------------------------|------------------|---------------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>  |                                |                             |                  | Docket No.<br>06670/100J190-US1 |
| Application No.<br>09/845,814-Conf. #2311  | Filing Date<br>April 30, 2001  | Examiner<br>H. M. Kazimi    | Art Unit<br>3691 |                                 |
| Applicant(s): Laurent Bensemana  |                                |                             |                  |                                 |
| Invention: A SYSTEM AND METHOD FOR ANONYMOUSLY MATCHING PRODUCTS OR SERVICES WITH A CONSUMER   |                                |                             |                  |                                 |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |                                |                             |                  |                                 |
| Transmitted herewith is an amendment in the above-identified application.  |                                |                             |                  |                                 |
| The fee has been calculated and is transmitted as shown below.   |                                |                             |                  |                                 |
| <b>CLAIMS AS AMENDED</b>   |                                |                             |                  |                                 |
| Claims Remaining After Amendment   | Highest Number Previously Paid | Number Extra Claims Present | Rate             |                                 |
| Total Claims   | 7                              | - 20 =                      | 0                | x 25.00 0.00                    |
| Independent Claims   | 2                              | - 3 =                       | 0                | x 105.00 0.00                   |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                |                             |                  |                                 |
| Other fee (please specify): Extension for response within first month  |                                |                             |                  | 60.00                           |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                |                             |                  | 60.00                           |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity   |                                |                             |                  |                                 |
| <input type="checkbox"/> No additional fee is required for this amendment.   |                                |                             |                  |                                 |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 04-0100 in the amount of \$ 60.00 .<br>A duplicate copy of this sheet is enclosed.                               |                                |                             |                  |                                 |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |                                |                             |                  |                                 |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                |                             |                  |                                 |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed. |                                |                             |                  |                                 |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                |                             |                  |                                 |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                |                             |                  |                                 |
| <br>S. Peter Ludwig<br>Attorney/Agent Reg. No. 25,351   |                                |                             |                  |                                 |
| Dated: September 15, 2008  |                                |                             |                  |                                 |
| DARBY & DARBY P.C.<br>P.O. Box 770<br>Church Street Station<br>New York, New York 10008-0770<br>(212) 527-7700   |                                |                             |                  |                                 |
| Express Mail Label No. _____ Dated: _____  |                                |                             |                  |                                 |